

Practitioner's Docket No.: 283_300CON2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Ehrhart et al.

Serial No.: 10/764,741

Art Unit:

Not Assigned

Filed:

January 26, 2004

Examiner: Not Assigned

For:

AN OPTICAL READER HAVING A COLOR IMAGER

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 "EXPRESS MAIL" mailing label number EL 962599385 US.

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 25, 2004.

<u>same</u> C

Susanne C. Aregano

PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the above-captioned patent application, without prejudice, as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

06/30/2004 ZJUHAR1 00000005 10764741

01 FC:1202

18.00 OP

06-28-04

Approved for use through 07/3/2006, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Express Mail Label No. EL 962599385 US

TOTAL AMOUNT OF PAYMENT 18.00

Complete if Known				
Application Number	10/764,741			
Filing Date	January 26, 2004			
First Named Inventor	Michael Ehrhart			
Examiner Name	Not Assigned			
Group Art Unit	Not Assigned			
Attorney Docket No.	283 300CON2			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check	Credit Card	MoneyOrder Other None	3. ADD	ITIONAL	FEES			
Deposit Accou	nt:		Large	Entity	Small	Entity		
Deposit			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number		50-0289	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
Account Name	Wall Marjama & Bilinski LLP		1053	130	1053	130	Non-English specification	
The Director is authorized to: (check all that apply)		1812	2,520	1812	2,520	For filing a request for ex parte		
Charge fee(s) indicated below Credit any overpayments		1804	920*	1804	920°	reexamination		
Charge any additional fee(s) during the pendency of this application		1804	920	1804	920	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION			1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE		1252	420	2252	210	Extension for reply within second month		
	nall Entity		1253	950	2253	475	Extension for reply within third month	
Fee Fee Fe		Fee Description	1254	1,480	2254	740	Extension for reply within fourth month	
1 '''	ode (\$)	11000 - 500 - 500	1255	2,010	2255	1,005	Extension for reply within fifth month	
1001 770 20 1002 340 20		Utility filing fee Design filing fee	1401	330	2401	165	Notice of Appeal	
1002 540 20		Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 20		Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 20	05 80	Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1)		1452	110	2452	55	Petition to revive – unavoidable		
		SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive – unintentional	
2. EXTRA CLA	IM FEES FO	OR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
		Fees from	1502	480	2502	240	Design issue fee	
ļ <u>-</u>		ra Claims below Fee Paid	1503	640	2503	320	Plant issue fee	
Total Claims 21	-20** = 1	18.00	1460	130	1460	130	Petitions to the Commissioner	
Independent 3] -3* = 0	X0.00 = 0.00	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Claims 3			1806	180	1806	180	· · ·	
Multiple Dependent		x =		40	8021	40	Submission of Information Disclosure Stmt	
	Small Entity		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee F	Fee Fee Code (\$)	Fee Description	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18 1201 86	2202 9 2201 43		1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1201 86	2201 43		1801	770	2801	385	Request for Continued Examination (RCE)	
1204 86	2204 43	** Poissue independent claims	1802	900	1802	900	Request for expedited examination	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	Other fe	ee (specify	 /)		of a design application	
**or number previou		BTOTAL (2) (\$)18.00 er; For Reissues, see above	'Reduce	d by Basic	c Filing I	Fee Paic	SUBTOTAL (3)	

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	R.S. Rosenholm	Registration No. (Attorney/Agent)	45,283	Telephone	(315) 425-9000
Signature	KS No	perform		Date	June 25, 2004

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.